

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51						
2	1					52						
3	1					53						
4	1					54						
5	1					55						
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42	1					92						
43	1					93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						